

## **CHAPTER 75-05-03 CLINICAL SERVICES**

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### **75-05-03-01. Acute treatment services.**

#### **1. Outpatient services.**

- a. Each human service center shall define and provide general outpatient services to vulnerable children, adolescents, adults, elderly, and families who have problems as outlined in chapter 75-05-06.
  - b. Each human service center shall develop written program descriptions of each program provided by the center.
  - c. Outpatient services must be available to clients during the day and on designated evenings or weekends.
  - d. All significant client contacts and treatment provided must be documented in the client's record.
  - e. With the client's permission, acute treatment outpatient services must be coordinated with other private and public agencies.
2. The human service center shall have an addiction program which meets the requirements of article 75-05, article 75-09, and North Dakota Century Code section 23-01-03.

**History:** Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

**General Authority:** NDCC 50-06-05.2

**Law Implemented:** NDCC 50-06-05.2

### **75-05-03-02. Emergency services.**

1. The human service center shall maintain or contract for a twenty-four-hour emergency service. At a minimum, telephone or face-to-face contact must be part of the service. All contacts must be documented.

2. Emergency service personnel shall be trained to handle crisis situations. Training must include: suicide intervention; violent behavior of clients; and crisis telephone calls. The human service center shall document training in the employee's personnel file.
3. Face-to-face crisis counseling must be provided in an environment conducive to treatment and control of the client in the event of suicide or violent behavior.
4. A complete list of community resources must be available to emergency service personnel and updated on an annual basis.
5. An individual receiving emergency services must be given information concerning available resources and treatment services.

**History:** Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

**General Authority:** NDCC 50-06-05.2

**Law Implemented:** NDCC 50-06-05.2

#### **75-05-03-03. Extended care services.**

##### **1. Community residential services.**

- a. The regional director shall designate a community living supervisor to supervise the community residential services.
- b. The human service center shall provide or contract for at least two of the following options:

- (1) SMI group care.

- (a) SMI group care facilities shall:

- [1] Comply with the provisions of the chapter entitled "Lodging Rooming Houses" of the 1985 life safety code. The community living supervisor shall assure that the appropriate officials provide onsite review and documentation of review once every two years;
    - [2] House no more than fourteen clients;
    - [3] Have the ability to house both male and female clients while accommodating privacy for individuals;
    - [4] Provide at least one full bathroom for every four clients; and

- [5] Have bedrooms which are outside rooms, accommodate one or two clients, provide each client with a bed appropriate for the client's size and weight, with a clean and comfortable mattress, bedding appropriate for weather and climate, and provide other appropriate bedroom furniture.
  - (b) The staff of the SMI group care facility shall:
    - [1] Assure that the client's individual plan includes input from the community home counselors and the residential treatment team.
    - [2] Maintain an inventory of the client's personal belongings when the client enters the SMI group care facility.
  - (c) A brochure of client rights according to section 75-05-01-10 must be given to all new residents of the SMI group care facility upon admission.
- (2) Semi-independent living arrangement.
  - (a) The human service center shall develop policies and procedures that facilitate conformance with all local building and fire safety codes to encourage that safe and sanitary conditions are maintained.
  - (b) Human service center staff shall develop policies and procedures to ensure that semi-independent living services are being provided in the client's residence.
  - (c) An evaluation of the client's progress in semi-independent living services must be documented in the client's record on at least a monthly basis.
- (3) Crisis residential services.
  - (a) Human service center staff shall develop policies and procedures to assure that safe and effective crisis residential services are provided.
  - (b) Documentation of the individual's progress must occur daily.

## 2. **Work skills development.**

- a. The human service center shall either provide or contract for:

- (1) Methods to assess the abilities of individuals with serious mental illness as related to employment;
    - (2) Prevocational skills development and training;
    - (3) Job exploration; and
    - (4) Followup.
  - b. The human service center shall document the client's progress in work skills development at least monthly.
- 3. Case management and aftercare services for an individual with serious mental illness.
  - a. Case management must be available to all eligible individuals with serious mental illness throughout the human service center's catchment area.
  - b. Case management for an individual with serious mental illness must be identified on the client's individual plan and must be documented in the progress notes.
  - c. Aftercare services must be available to all individuals with serious mental illness in an inpatient facility who are returning to the region after discharge. The regional director shall designate one or more staff members to provide aftercare services.
  - d. The human service center shall, through case management services, ensure that extended services are provided for an individual with serious mental illness who has completed the training and stabilization components of the supported employment program and continues to require ongoing support services to maintain competitive employment.
  - e. If individual plans dictate, case management services must provide or arrange for daily living skills training in the community.
- 4. **Community supportive care services.**
  - a. The human service center shall provide or contract with a private, nonprofit group to provide a community supportive care program.
  - b. The program must include:
    - (1) Designation of an individual to serve as the community supportive care supervisor;

- (2) Assignment of responsibility to the community supportive care supervisor for the recruitment, scheduling, and training of all community supportive caregivers; and
- (3) Provision of companionship services for an individual with serious mental illness who has been referred by a multidisciplinary staff. These services may include: transportation; assisting in meal preparation; leisure activities; and assisting in shopping for food, clothes, and other essential items by community supportive caregivers.

**5. Psychosocial rehabilitation centers.**

- a. The human service center shall provide or contract for the operation of a psychosocial rehabilitation center.
- b. The psychosocial rehabilitation center shall:
  - (1) Provide evening and weekend activities;
  - (2) Be open seven days a week;
  - (3) Be located in an ADA accessible location in the community which provides a minimum of forty hours of programming a week. Evening hours must be included in the programming. "Evening hours" means after six p.m. This does not include support groups.
  - (4) Develop a written plan delineating expected programs and services provided.
  - (5) Employ a full-time director and part-time staff sufficient to provide services.
- c. The psychosocial rehabilitation center shall have a mechanism for client member participation in policy formation.
- d. The regional director shall appoint a human service center staff member as a liaison between the human service center and the psychosocial rehabilitation center.
- e. The psychosocial rehabilitation center shall provide written monthly reports to the human service center and the division of mental health and substance abuse services.

**History:** Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996; March 1, 1997; August 1, 1997.

**General Authority:** NDCC 50-06-05.2

**Law Implemented:** NDCC 50-06-05.2

#### **75-05-03-04. Medications.**

1. The human service center shall have written policies and procedures designed to ensure that all medications are administered safely and properly in accordance with state laws.
2. Medication orders must be written only by a physician or other professional licensed by law and permitted by license to write medication orders and who is in direct care and treatment of clients.
3. All prescribed medications must be recorded in the client's record.
4. When medications are prescribed by a physician and administered by human service center staff, the physician's orders must be signed and a record of the administration must be kept.
5. There must be a system of checking to detect unhealthy side effects or toxic reactions.
6. Medication storage areas must be well lighted, safely secured, and maintained in accordance with the security requirements of federal, state, and local laws.
7. The human service center shall inform each client who receives medications prescribed at a human service center of the benefits, risks, side effects, and consequences of medication noncompliance. At a minimum, the individual prescribing the medication shall record that this information was provided. A client's signed informed consent statement is acceptable in addition to the record, but not in lieu of the record. The record must include:
  - a. A statement that a discussion regarding medications prescribed has occurred.
  - b. Documentation that a specific discussion of tardive dyskinesia has occurred, if that is a potential side effect of the antipsychotic medication.
  - c. If the client, in the opinion of the individual prescribing the medication, does not appear to understand the discussion, the record must document discussions with the client's guardian, the client's family, or other responsible individuals.
8. An assessment instrument used to detect signs of tardive dyskinesia must be administered every six months or as medically indicated to all clients on antipsychotic medications for which tardive dyskinesia is a potential side effect.

9. Each human service center shall have written policies and procedures for self-administered medication programs. Documentation of training received must be entered in the client's record.

**History:** Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

**General Authority:** NDCC 50-06-05.2

**Law Implemented:** NDCC 50-06-05.2

**75-05-03-05. Psychiatric services.** The regional director shall employ or contract with a psychiatrist to be the medical director. The medical director shall provide consultation, treatment, and psychiatric evaluations for clients at the human service center and shall provide input in program planning and development of services. Psychiatric services must be available at a minimum of one hundred sixty hours per month.

**History:** Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

**General Authority:** NDCC 50-06-05.2

**Law Implemented:** NDCC 50-06-05.2

**75-05-03-06. Community consultation and education.** The human service center shall:

1. Maintain a systematic approach for providing information to the general public and local agencies regarding center services.
2. Have a systematic approach for informing clients and agencies about center services and how to access those services.
3. Respond to requests for educational presentations and inservice training for public and private agencies, as staff time allows, or refer the requests to other community resources.
4. Provide technical assistance to communities in assessing mental health needs and service options.
5. Document the number of hours, clients, and type of activity spent on community consultation and education.

**History:** Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

**General Authority:** NDCC 50-06-05.2

**Law Implemented:** NDCC 50-06-05.2

**75-05-03-07. Psychological services.**

1. The regional director shall employ or contract with one or more psychologists who meet the requirements of North Dakota Century Code chapter 43-32.
2. Psychological services include: psychological evaluations, psychological consultations, and psychotherapy services.

**History:** Effective November 1, 1987; amended effective December 1, 1991; February 1, 1996.

**General Authority:** NDCC 50-06-05.2

**Law Implemented:** NDCC 50-06-05.2

**75-05-03-08. Regional intervention service.**

1. The regional director shall designate staff to coordinate, administer, and supervise the regional intervention service.
2. The regional intervention service must assess all individuals who are under consideration for voluntary admission to the North Dakota state hospital.
3. The regional intervention service must refer clients to appropriate community-based treatment in lieu of state hospital admission, when available.

**History:** Effective December 1, 1991; amended effective February 1, 1996.

**General Authority:** NDCC 50-06-05.2

**Law Implemented:** NDCC 50-06-05.2